

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	

Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 100.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.75	
Purpose of Expenditure Internet for Field Office; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		158481.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 10.56	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.76	
Purpose of Expenditure Online Voter Guide; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		158481.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Signature

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2014</div> </div>	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 3097.35	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.77
Purpose of Expenditure Staff Time & Travel Expenses; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 250.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.78
Purpose of Expenditure Supplies; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3347.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee PZ Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 816 1/2 North Poinsettia Place		Amount 6295.00	
City Los Angeles	State CA	Zip Code 90046	Transaction ID : PDT.E.74
Purpose of Expenditure Voter Outreach & Expenses; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		158481.10	

Full Name of Payee Wagaman Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 500.00	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : EDT.E.15
Purpose of Expenditure Campaign Consulting for GOTV Activities; 11/1 - 11/4 (estimate)		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		158481.10	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6795.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee James Wisley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1570 Prospect Avenue		Amount 350.00	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : EDT.E.16
Purpose of Expenditure Campaign Consulting for GOTV Activities; 11/1 - 11/4 (estimate)		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 158481.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	350.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10602.91

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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